

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER INELIGIBILITY
TIER 2 CRIMES INELIGIBILITY - SUBSEQUENT CONVICTION
[WELFARE AND INSTITUTIONS CODE SECTION 12305.87]
(ADDRESSEE)**

County of: _____

Notice Date: _____

Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

Effective twenty (20) days from the date of this notice, the person you have chosen to provide IHSS services to you, _____, is not eligible to receive payment from the IHSS program for providing services to you or to any other person. If this person has been providing services for you, he/she can only be paid for services he/she provides for you through _____.

Since this person's initial enrollment, the county/Public Authority/Non-Profit Consortium has learned through a criminal background check that he/she has been convicted of a crime(s) that makes him/her ineligible to serve as an IHSS provider or to receive payments from the IHSS program for providing services based on Welfare and Institutions Code, Section 12305.87. The crime(s) which disqualified him/her is/are one or more of the crimes listed below:

The information regarding the provider's criminal convictions is highly sensitive and must be kept strictly confidential. You are prohibited by law from sharing any part of this information with any other individual or entity.

Despite this individual's felony conviction, you may submit a signed waiver that would allow this individual to continue working as your IHSS provider. If you agree to a waiver, you are accepting all responsibility for this decision and the risk of any potential actions that may occur as a result of this decision. You must complete, date, and sign the enclosed SOC 862 form, "IHSS Recipient Request for Individual Provider Waiver," and submit it to the county/Public Authority/Non-Profit Consortium IHSS office.

This waiver will allow this individual to continue to serve as an IHSS provider for you only, and he/she will receive payment from the IHSS program for providing services to you. This waiver only applies to the disqualifying crimes listed on page 1. If the person is convicted of any subsequent disqualifying crime(s), another SOC 862 form must be completed and submitted for that subsequent disqualifying crime.

If this person wishes to provide services for multiple recipients, each recipient must submit a separate signed SOC 862 form or this person must seek a general exception by completing an SOC 863 form, "IHSS Applicant Provider Request for General Exception." and submit it with the requested documentation to the California Department of Social Services.

Without this waiver or general exception, you must choose a different person to provide services to you. Otherwise, you will be responsible for paying him/her with your own money for any services provided.

Please do not contact the county/Public Authority/Non-Profit Consortium or the California Department of Social Services for any additional information regarding any of the crimes or convictions listed on page 1. Each of these agencies is prohibited under Penal Code Sections 11105 and 13300 from providing any detail regarding any of these crimes or convictions beyond that listed in this notice.

If you have any questions about this letter or need help finding a different provider, you may call _____.